



PTO/SB/21 (05-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/826,153

Filing Date

April 16, 2004

First Named Inventor

Erik Scher

Group Art Unit

1631

Examiner Name

Russell Scott Negin

Total Number of Pages in This Submission

Attorney Docket Number

40-002001US

ENCLOSURES (check all that apply)

Fee Transmittal Form



Fee Attached



Amendment / Response



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Response to Missing Parts/
Incomplete ApplicationResponse to Missing
Parts under 37 CFR
1.52 or 1.53Assignment Papers
(for an Application)

Drawing(s)



Licensing-related Papers

Petition Routing Slip (PTO/SB/69)
and Accompanying PetitionPetition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence
Address

Terminal Disclaimer



Small Entity Statement



Request for Refund

After Allowance Communication
to GroupAppeal Communication to Board
of Appeals and InterferencesAppeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Additional Enclosure(s)
(please identify below):Amendment with Pre-Appeal
Brief Request for review form
PTO/SB33) ad receipt
acknowledgment postcard**Authorization to Charge Deposit Account**

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Gary Baker, Reg. No. 41,595, Quine Intellectual Property Law Group P.C.

Signature

Date

September 10, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on this date:

Typed or printed name

Evelyn Gomez

Signature

Date

September 10, 2008

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2008**

☐ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) **485.00**

Complete if Known

Application Number	10/826,153
Filing Date	April 16, 2004
First Named Inventor	Erik Scher
Examiner Name	Russell Scott Negin
Art Unit	1631
Attorney Docket No.	40-002001US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**
☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.
 Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): _____ Fee Paid (\$): _____
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): _____	
Other: Notice of Appeal	255
Other: Request for extension of time	230
Other: _____	
Other: _____	
Other: _____	

SUBMITTED BY

Signature	<i>Gary Baker</i>	Registration No. (Attorney/Agent)	41,595	Telephone	510 769-3510
Name (Print/Type)	Gary Baker	Date	9/10/08		